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5-17-39
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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3533

State File No.

Registration District No. 345 Primary Registration District No. 4553 Registrar's No.

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town Matthau, Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:

(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
(Specify whether

In this community 10 days
years, months or days

3. (a) PRINT FULL NAME Jim Gilson

3. (b) If veteran name war 3. (c) Social Security No.

4. Sex M 5. Color or race col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ester Gilson 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased 1850
(Month) (Day) (Year)

8. AGE: Years 90 Months Days If less than one day
hr. min.

9. Birthplace Unknown Miss.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business 9

12. Name Unknown 19

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lee Wilson

(b) Address Matthau, Mo

17. (a) Burial (b) Date thereof Oct 27, 40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sikeston, Mo.

18. (a) Signature of funeral director Charles Ellis

(b) Address Sikeston Mo.

19. (a) Feb 10, 1940 (b) Mildred Deane
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Miss. (b) County Lee

(c) City or town Salters, Miss
(If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location) J

(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month oct day 24
year 40 hour minute M.

21. I hereby certify that I attended the deceased from
....., 19....., to 19.....;

that I last saw him alive on
and that death occurred on the date and hour stated above. :

Immediate cause of death Cordis Failure Duration
from record.
chronic

Due to

Due to 938

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

802 While at work? (Specify type of place) (e) Means of injury corner

23. Signature F. E. Richards (M. D. or other) corner

Address New Madrid Date signed 10-25-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

12
00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.

working under my personal supervision.

Signed

Travis Shelby

Licensed Embalmer No.

2726

P. O. Address

East Prairie, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.